

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Amendment No _____
Report No 005

Amendment (Explain Below)

Report covers period from <u>01/01/2006</u> through <u>09/30/2006</u>	Date Stamp RECEIVED OCT -6 AM 10:27 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA 1994 FORM 465 1/3 For Official Use Only
Date of election if applicable (Month, Day, Year) <u>2006 11/07/2006</u>		

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1243243

NAME OF FILER
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

STREET ADDRESS (NO P.O. BOX)
c/o Miller, Kaplan, Arase & Co., LLP
4123 Lankershim Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>North Hollywood</u>	<u>CA</u>	<u>91602</u>	<u>(818)769-2010</u>

OPTIONAL: FAX/E-MAIL ADDRESS _____

Treasurer (if recipient committee)

NAME OF TREASURER
BRIAN McDONOUGH

MAILING ADDRESS
P.O. BOX 1695

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92659</u>	<u>(949) 472-6154</u>

OPTIONAL: FAX/E-MAIL ADDRESS _____

*Postmarked 10-5-06
Sent UPS Next Day*

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE
<u>DON WEBB</u>	<u>City Council Member</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
		<u>NEWPORT BEACH</u>	

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2006</u> through <u>09/30/2006</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>3</u>
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NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>2595.07</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>2595.07</u>

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
NEWPORT BEACH CITY CLERK

ADDRESS (NO. AND STREET)
3300 NEWPORT BLVD

CITY STATE ZIP CODE
NEWPORT BEACH CA 92663

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/05/2006
DATE

Executed on 10/05/2006
DATE

Executed on _____
DATE

Executed on _____
DATE

By BRIAN McDONOUGH * Brian McDonough
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By BRIAN McDONOUGH * Brian McDonough
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DW

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		3 / 3
		For Official Use Only

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
09/21/2006	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:	Postcrads	1120.66	1120.66
09/21/2006	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:	Postcrads	629.92	1750.58
09/21/2006	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:	Postcrads	701.28	2451.86
09/21/2006	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833 Reference No:	Door Hangers	143.21	2595.07